	$\sqrt{A_1}$
Tuna as mulas la lab	COVER PAG. ONG FORM
Afficeholder, Candidate, Type or print in lnk.	Statement covers period Date Stamp
and Controlled Committee	7 (-8 7
Campaign Statement — Long Form	from
(Government Code Sections 84200-84216.5)	12-31-97RECEIVED
SEE INSTRUCTIONS ON REVERSE	through / 2 of
Check one of the following boxes to Indicate the type of statement being filed:	Date of election if applicable 98 All 30 PH 5: 00 For Official Use Only
Pre-election Statement Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)	
Special Odd-Year Campaign Report	ALICE II. REMCHE CITY CLERX
Termination Statement (Attach & completed Form 415 to this statement.)	CITY OF LODI
Off	; atement: List any other
Included in this Statement	committees not included in this consolidated statement that are controlled by you and any
NAME OF OFFICEHOLDER OR CANDIDATE	committees of which you have knowledge that are primarily formed to receive contributions
Stephen T. MANN	Or to make expenditures on behalf of your candidacy.  COMMITTE NAME  I.D. NUMBER
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTAICT NUMBER IF APPLICABLE)	Committee trains
LODI CIFY COUNCIL	
RESIDENTIAL ON FUSINESS ADDRESS (NO. AND STALET)  P. O. BOX G 48	NAME OF TALASUAÇA CONTAOLILED COMMITTEET
CITY STATE DIP CODE AALA CODEMA TIME PHONE	COMMITTEE ADDRESS (NO. AND STREET)
LODI OF 9524 209-368-	• • • • • • • • • • • • • • • • • • • •
COMMITTEE NAME ID. NUMBER	CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Steplien, MANN OFFICE holber 92203	$\mathcal{A}$
	COMMITTEE HAME 1.3. HUMBER
COMMITTEL ADDRESS (NO. AND STALL!)  P. Co. 130× (C. 4.8)	
CITY STATE ZIP CODE ANA CODEDATIME PHONE	NAME OF TAEASUALA CONTAOLLED COMMITTEE?
2001 Ct 95241 Home	TYES NO
NAME OF TREASURER	COMMITTEE ADDRESS (NO. AND STREET)
Robert A. Rochs	1
PERMANENT ADDRESS OF TATASURER (NO. AND STALLET)	CITY STATE ZIP CODE ANEA CODE/DAYT:ME PHONE
1.0. Box 731	
CITY STATE ZIPCODE ANA CODEDAYTIME PHONE  CHEMIENS C+ 95227 759-386	
- Genneral - 1500/ 157-280	Attach additional information on appropriately labeled continuation sheets.
Verification	
	and to the best of my knowledge the information contained herein and in the attached schedules is
true and complete. I certify under penalty of perjury under the laws of the State of California tha	at the foregoing is true and correct.
Executed on At CITY AND STATE	BySIGNATURE OF TREASURER
5.00	nt. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all
reasonable diligence in preparing this statement. Thave reviewed the statement and to the best	of my knowledge the information coatained. Herein and in the attached schedules is true and
complete. I certify under penalty of perjury under the laws of the State of California that the for	egoing is true and correct.
Executed on 1-30-98 At CODI	By Tel Hemmen
DATE CITY AND STATE	SIGNATURE OF PANOIDATE/OFFICEHOLDER
Executed on At	SIGNATUAL DI CANDIDATE/DITICENDEDE
Executed on At	·
DATE CONTAINS THE STATE OF THE	SIGNATURE DI CANDIDATE/DITICEHOLDER

### Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded

SUMMARY PAGE

Summary Page	Amounts may be rounded to whole dollars.	Statement covers period from 7-1-97	450
SEE INSTRUCTIONS ON REVERSE		through 12-31-97	Page of S
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE HAR	ره ر		1.D. NUMBER 922038
,	CO-UMIT A TOTAL THIS PEADOD PROMATIACHED SCHEDULES)  S 96	Column B* TOTAL PARVIOUS PERIOD  (SEE NOTE BELOW)  S 43 /	Column C 107ALTO DATE (ADD COLUMNS A • 1)  S 8 2 7
2. Loans Received	396	s <u>431</u>	, 827
<ol> <li>Non-monetary Contributions</li></ol>	3 96	1 431	s <u>827</u>
7. TOTAL CONTRIBUTIONS RECEIVED	396	s 431	, 827
Expenditures Made  8. Cash Payments (Other than Loans Made) Schedule E, Une 5  9. Loans Made		s_2041	32/6
10. SUBTOTAL CASH PAYMENTS Add Lines 8 + 9  11. Accrued Expenses (Unpaid Bills) Schedule F, Une 5  12. TOTAL EXPENDITURES MADE Add Lines 10 + 11		s 2041 s 2041	22/6
Current Cash Statement  13. Beginning Cash Balance Previous Summary Page, Line 17  14. Cash Receipts Column A, Une 3 above  15. Miscellaneous Increases to Cash Schedule I, Line 4  16. Cash Payments Column A, Line 10 above	1344,73 396 1.00 175	* From previous Statement Summary this is the first report filed for the cal- blank except for Loans Received (Line 6), Loans Made (Line 9), and Accrued E	endar year, Column B should be
17. ENDING CASH BALANCE Add Unes 13 + 14 + 15, then subtract Une 16 If this is a termination statement, Une 17 must be zero.	ENDING CASH SALANCE SHOULD NOT BE A NEGATIVE AMOUNT	Summary for Candidates November Elections	<i></i>
18. LOAN GUARANTEES RECEIVED Schedule B, Part I, Column (b)	3	21. Contributions 4 3 4 3	30 · 7/1 to Oate / · 396
Cash Equivalents and Outstanding Debts  19. Cash Equivalents		22. Expenditures S 204	·

Schedule	Α	
Monetary	y Contributions	Received

Type or print in ink. Amounts may be rounded

SCHEDULE A Statement covers period

to whole dollars. SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE FULL NAME AND ADDRESS OF CONTRIBUTOR AMOUNT RECEIVED THIS PERIOD CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) CUMULATIVE TO DATE OTHER (JF APPLICABLE) OCCUPATION AND EMPLOYER DATE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER (IF SELF-EMPLOYED, ENTER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) NAME OF BUSINESS) SUBTOTAL \$ **Monetary Contributions Summary** 1. Amount received this period — contributions of \$100 or more. (Include all Schedule A subtotals.) 2. Amount received this period — contributions of less than \$100. (Do not itemize.)

3. Total monetary contributions received this period. 

# Schedule E Payments and Contributions (Other Than Loans) Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period

from 7-1-97

through 12-31-97

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

722038

Stephen J. MANN

#### **CODES FOR CLASSIFYING EXPENDITURES**

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"C" - MONETARY AND IN-KIND (NON-MONETARY) "G" - GENERAL OPERATIONS AND OVERHEAD. "B" - BROADCAST ADVERTISING CONTRIBUTIONS TO OTHER CANDIDATES "T" - TRAVEL, ACCOMMODATIONS AND MEALS "N" - NEWSPAPER AND PERIODICAL ADVERTISING AND COMMITTEES (MUST BE DESCRIBED) "O" - OUTSIDE ADVERTISING "P" - PROFESSIONAL MANAGEMENT AND CONSULTING "I" - INDEPENDENT EXPENDITURES -"S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS SERVICES "L" - LITERATURE "F" -- FUNDRAISING EVENTS NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO LD. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)

NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS.

NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)

CODE

OR

DESCRIPTION OF PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.

AMOUNT PAID

Subsection

T35.77

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 135.77

#### **Payments and Contributions Made Summary**

- 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

  2. Payments made this period of under \$100. (Do not itemize.)
- 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)
- 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)

## Schedule

SCHEDILLET

	ous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from $7 - 1 - 97$ through $(2 - 31 - 97)$	DANIES OF STATES	
	SEE MANAGEMENT OF THE PERSON O				
NAME OF OFFICERO	OLDER OR CANDIDATE AND CONTROLLED COMMITTEE			1.D. NUMBER 922038	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)		DESCRIPTION OF RECEIPT		
Attach additi	ional information on appropriately labeled continuation sheet	S	SUBTOTAL \$		
	is Increases to Cash Summary ash of \$100 or more this period		\$		
2. Increases to c	ash under \$100 this period. (Do not itemize.)				
	terest received this period on loans made to others. (Schedule		,		
4 Total miscella	neous increases to cash this period. (Add Lines 1, 2, and 3. Entire, Line 15.)	er here and on the	/ 0 -		